ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	1	14/17	12.67
RESPONSE FORMALITY REVIEW		71531	550

INDEX OF CLAIMS

•	Rejected	N	Non-elected		
=	Allowed	- 1	Non-elected Interference	AVAILABLE	
_	(Through numeral) Canceled		Appeal		
÷	Restricted	0	Objected		

÷	Hestricted	0	Objected	
Claim Date	Claim	Date	Claim	Date
Final Original	Final Original		Final	
2	51 52		101	
3/11/11/11/11	53		102	+++++
	54		104	
9 0	55		106	
6 7	56		106	
	57		107	
9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	59		108	+++++
10	60		110	┞╸┞┈┞┈╏ ╌╏
7 11	61		1111	
	62		112	
13	63		113	
15	65		114	++++++
16	66		116	
17 N N	67		117	
18 4	68		118	
16	69		119	
21	70		120	
22	71 72	 	121	+++++
23	73	- 	122	 - - - - -
24	74	-1-1-1-1-1-1	124	
25	75		125	
26 N N	76		126	
	77 78		127	
29 11711	79		128	
30	80	-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	130	
31 // 1/2	81		131	
32	82	51	132	
33 1 1 1 1 1	83		133	
35 / UN M	85	- - - - - - - - - - - - - - - - - - - 	134	
(36) / / / / / / / / / / / / / / / / / / /	86	++++	136	
37 / + N N	87		137	
38	88		138	
40	89		139	
	90		140	
42	91 92		141	
	93	 	143	┝┼┼┼┼┼┼
44	94	 	144	
45	95		145	-++++
46	96		146	
47 48	97 98		147	
49	99	+++	148	
50	100	- - - - - 	150 -	
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If more than 150 claims or 10 actions staple additional sheet here

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